



House of Representatives

General Assembly

File No. 45

January Session, 2003

Substitute House Bill No. 6433

House of Representatives, March 20, 2003

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT REPEALING THE GRADUATE MEDICAL EDUCATION REPORTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-613 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2003*):

3 (a) The Office of Health Care Access may employ the most effective
4 and practical means necessary to fulfill the purposes of this chapter,
5 which may include, but need not be limited to:

6 (1) Collecting patient-level outpatient data from health care facilities
7 or institutions, as defined in section 19a-630;

8 (2) Establishing a cooperative data collection effort, across public
9 and private sectors, to assure that adequate health care personnel
10 demographics are readily available; and

11 (3) Performing the duties and functions as enumerated in subsection

12 (b) of this section.

13 (b) The office shall: (1) Authorize and oversee the collection of data
14 required to carry out the provisions of this chapter; (2) oversee and
15 coordinate health system planning for the state; (3) monitor health care
16 costs; and (4) implement and oversee health care reform as enacted by
17 the General Assembly.

18 (c) The Commissioner of Health Care Access or any person the
19 commissioner designates may conduct a hearing and render a final
20 decision in any case when a hearing is required or authorized under
21 the provisions of any statute dealing with the Office of Health Care
22 Access.

23 [(d) The office shall monitor graduate medical education and its
24 sources of funding and shall annually (1) review the financial
25 implications of such education for hospitals, and (2) evaluate the effect
26 of such education on (A) access to health care, and (B) sufficiency of
27 the health care provider workforce. The office shall create an advisory
28 council to advise the commissioner on graduate medical education. For
29 purposes of this subsection, "graduate medical education" means the
30 formal clinical education and training of a physician or other health
31 care provider that follows graduation from medical school and
32 prepares the physician or health care provider for licensure and
33 practice.

34 (e) Not later than January 1, 2000, and annually thereafter, the office
35 shall submit a report on its findings and recommendations to the joint
36 standing committee of the General Assembly having cognizance of
37 matters relating to public health, in accordance with the provisions of
38 section 11-4a.]

This act shall take effect as follows:	
Section 1	October 1, 2003

PH Joint Favorable Subst.

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

No fiscal impact is anticipated to result from passage of this bill. The Office of Health Care Access relied upon a combination of state resources and federal funding (which has now ended) to support the compilation of the annual report. It is anticipated that any state resources previously devoted to this function will be redeployed to other duties of the office.

OLR Bill Analysis

sHB 6433

AN ACT REPEALING THE GRADUATE MEDICAL EDUCATION REPORTS

SUMMARY:

This bill eliminates a requirement that the Office of Health Care Access (OHCA) monitor and report on graduate medical education (GME) and its funding in the state. Under the bill, OHCA no longer has to (1) annually review the financial implications of GME for hospitals and (2) evaluate the effect of GME on health care access and health care workforce sufficiency. The bill also eliminates requirements that OHCA report annually to the Public Health Committee on its GME findings and establish a GME advisory council.

EFFECTIVE DATE: October 1, 2003

BACKGROUND

GME

GME is the formal clinical education and training that physicians or other health care providers receive following graduation from medical school in preparation for licensure and practice.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 14 Nay 3